MAXIMUS Federal Services

Case Number:	CM14-0150562		
Date Assigned:	09/18/2014	Date of Injury:	09/01/2008
Decision Date:	11/10/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old male with an injury date on 09/01/08. Based on the 08/06/14 progress report provided by [redacted], the patient complains of "Back pain is described as aching, burning, spasming, shooting, sore, pressure, shocking pain going down my legs, radiating, numbing, and shooting down legs and worse when cold. Has some weakness in the lower extremities, potentially associated with increased pain." There were no other significant findings noted on this report. His diagnoses include the following: 1. Chronic discogenic lumbosacral spinal pain associated with disc annular disruption syndrome and comorbid facet mediated compromise.2. Lower extremity neuropathic radiculopathy.3. Deconditioning.4. Weight gain.5. Fatigue, anhedonia and decreased libido.6. Chronic pain syndrome[redacted] is requesting for the following:1. Lyrica capsule 25 mg gelatin coated BID #60.2. Avinza 60 mg capsule, multiphase release 24 hour BID #60.3. Omeprazole 20 mg capsule, delayed release pellets #30. The utilization review denied the request on 09/03/14. [redacted] is the requesting provider, and he provided treatment reports from 09/11/13 to 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lyrica Capsules 25mg gelatin coated BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Antiepilepsy ;SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 60,61;16-18;1.

Decision rationale: This patient presents with low back pain that radiates into the bilateral legs. He also complains of shoulder pain. The treater is requesting for Lyrica 25 mg #60. The MTUS guidelines has the following regarding Pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia." Medical records show that this patient has been taking Lyrica first notice on 09/11/13 and again on 08/06/14 report. The treater is presumably prescribing Lyrica for patient back pain that radiates into both legs. However, none of the reviewed reports discuss this medication's efficacy. The treater does not document whether or not the use of Lyrica has resulted in any pain and functional improvement. MTUS pg. 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

Avinza 60mg capsule, Multiphasic Release 24hr BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89 ,76-78.

Decision rationale: This patient presents with complain of low back and legs pain. The treater is requesting Avinza 60mg #60. Medical reports show that this patient has been on opiates for quite some time. For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of the reports from 07/03/14 to 08/06/14 do not discuss how the patient benefits from the use of morphine sulfate. No numerical scales are used to assess patient's current pain, average pain, and pain levels with and without medication. No discussions are provided indicating specific ADL's changes, or change in work status to denote functional improvement.However, there is no indication regarding any functional improvement specific to the opiate use. MTUS guidelines require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Omeprazole 20mg capsule, delayed release pellets #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cariovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents low back, legs and shoulder pain. The treater is requesting Omeprazole 20 mg #30 and this medication was first noted in the report dated 09/11/13. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs.MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the treater fails to mention any GI symptoms that this patient is struggling with. The patient does not appear to be on any NSAIDs for prophylactic use of the PPI, and the treater does not provide any GI assessment if the patient was on NSAIDs. Recommendation is for denial.